

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 13-JUL-2018		TIME 0340	ADDRESS OF OCCURRENCE 7150 W HIGGINS AVE CHICAGO, IL 60656			LOCATION CODE 304	BEAT/OCCUR. 1613	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO				
	BUSINESS NAME STREET			EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER OFF DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE						
	EVENT NO. 01905		RD NO. JB347481	IR NO.	CB NO.	CHARGE			INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ <input checked="" type="checkbox"/> FOOT, PAPV <input type="checkbox"/> VAN/BUS			MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
INVOLVED MEMBER	RANK 9161	LAST NAME RIALMO		FIRST NAME ROBERT	EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE	AGE 4	HT. 601	WT. 225			
	DATE OF APPT. 05-OCT-2012	UNIT & BEAT OF ASSIGN. 376	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)							
SUBJECT INFORMATION	<input type="checkbox"/> DNA	LAST NAME [REDACTED]		FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE HISPANIC	D.O.B. 1988	HT. 507	WT. 155			
	ADDRESS [REDACTED]	TELEPHONE NO. [REDACTED]		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	Injured by Member <input type="checkbox"/> <input checked="" type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Emotional Disorder	Under Influence of Drugs <input type="checkbox"/> <input type="checkbox"/> Non-Fatal - Minor Injury <input checked="" type="checkbox"/> Non-Fatal Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal							
	MEDICAL TREATMENT? <input checked="" type="checkbox"/> Relused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input checked="" type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal								
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DNA	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY) <input checked="" type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input checked="" type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> THROWN OBJECT (DESCRIBE)	WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/Stun Gun <input type="checkbox"/> VEHICLE <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> OTHER (DESCRIBE)							
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
	<input type="checkbox"/> UNK												
SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Gang-Related? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, IDENTIFY MANNER OF ATTACK? <input type="checkbox"/> NO <input type="checkbox"/> YES	MANNER OF ATTACK? <input type="checkbox"/> SHOT/SHOT AT <input type="checkbox"/> SLAPPED/CUT (INCLUDING ATTEMPT) <input type="checkbox"/> OTHER (INCLUDING VERBAL THREATS)	<input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Slapped/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)						
TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop	<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health	<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Other - Describe in Narrative	Pursuing/Arresting Subject Charge:		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee Charge:						
REASON FOR RESPONSE? <input type="checkbox"/> DNA <input type="checkbox"/> UNK	<input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member	<input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject	IUCR CODE:		<input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member						
FORCE MITIGATION EFFORTS						CONTROL TACTICS							
<input type="checkbox"/> DNA	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES	<input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> SPECIALIZED UNITS	<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> OTHER	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR	<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING						
RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS							
<input type="checkbox"/> DNA	<input type="checkbox"/> OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/> LRAD W/ AUTHORIZATION		<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)	<input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER	<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN					
WEAPON DISCHARGE (Check all that apply)	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE <input type="checkbox"/> TASER	PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN									
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON								
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN								
	<input checked="" type="checkbox"/> TASER DISCHARGE ONLY	TASER DART ID NO.		PROPERTY INVENTORY NO.	PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER					
	<input checked="" type="checkbox"/> FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER	TOTAL NO. OF SHOTS MEMBER FIRED	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES						

## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DISTRICT OF OCCURRENCENOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):  OEMC  CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

AFTER A VERBAL ALTERCATION INSIDE TEASER'S PUB, R/O LEFT TO GO TO TACO BURRITO KING. R/O WAS AGAIN CONFRONTED BY OFFENDERS ON THE STREET WHERE A VERBAL ALTERCATION ENSUED. ONE SUBJECT SHOUTED, "IM A CVL BITCH". ONE OF THE OFFENDERS KEPT ADVANCING TOWARD R/O, MAKING PHYSICAL CONTACT WITH R/O. IN AN ATTEMPT TO STOP HIS FORWARD ADVANCEMENT ON R/O, R/O TOOK OFFENDER TO THE GROUND TO CREATE DISTANCE AND ALLOW R/O TO GET AWAY FROM OFFENDER AND AVOID ATTACK.

R/O NOTIFIED OEMC BY CALLING 911 AND ASKING FOR A BEAT CAR TO SIGN COMPLAINTS FOR RECEIVING BATTERY.

REPORTING MEMBER (Print Name) RIALMO, ROBERT	STAR/EMPLOYEE NO. 15588	SIGNATURE [REDACTED]
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## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Gun Shot <input type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Laceration/Abrasions <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)		HOW WAS INJURY SUSTAINED? <input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other				
□ UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
WITNESSES SS	ADDRESS CHICAGO, IL	TELEPHONE NO	WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED		OTHER (Specify) AVAILABLE	
	WITNESS STATEMENT					

## REVIEWING SUPERVISOR: COMMENTS

INVESTIGATION ON-GOING. CL # OBTAINED.

ATTACHMENTS: <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> INVENTORY <input type="checkbox"/> IOD REPORT <input type="checkbox"/> TASER DOWNLOAD <input checked="" type="checkbox"/> OTHER
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REVIEWING SUPERVISOR: <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	<input checked="" type="checkbox"/> LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).	LOG NO. OBTAINED 1090215
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<input checked="" type="checkbox"/> I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.		
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REVIEWING SUPERVISOR NAME (Print) MARTINEZ, BENNY	STAR NO. 1274	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-JUL-2018 0735
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 13-JUL-2018	TIME 0340	ADDRESS OF OCCURRENCE 7150 W HIGGINS AVE CHICAGO, IL 60656	EVENT NO. 01905	RD NO. JB347481	
	RANK 9161	MEMBER LAST NAME RIALMO	MEMBER FIRST NAME ROBERT	EMPLOYEE NO. [REDACTED]	CB NO. [REDACTED]	CHARGE
	SUBJECT LAST NAME [REDACTED]	SUBJECT FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH	D.O.B. 1988

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Subject [REDACTED] stated that his brother had words in a bar with off-duty P.O. Rialmo. Shortly thereafter, Subject stated that off-duty P.O. Rialmo approached and started yelling at Subject and his brother. The Subject stated that he was trying to diffuse the situation and keep his brother separated from off-duty P.O. Rialmo, when Rialmo struck him in his mouth, drawing blood. The Subject stated his brother recorded the incident on his cell phone.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

R/LI conducted the interview in the 016 district report room. Prior to conducting interview, R/LI viewed BWC of responding officers and a video taken by [REDACTED]. R/LI observed a small cut and swelling on the right side of subject [REDACTED]'s mouth. R/LI viewed video taken by subject's brother and observed off-duty P.O. Rialmo being held back by [REDACTED] P.O. Rialmo grabbed [REDACTED] at the shoulders and behind the head and pulled him forward and down while stepping past [REDACTED] struck his face on the ground. R/LI did not see P.O. Rialmo throw a punch. P.O. Rialmo believed himself to be the subject of an assault after being identified as a police officer.

## LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE  
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE  
 REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE  
 ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
 1090215

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

## ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print) HAYNES, DAVID J	STAR NO. 458	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-Jul-2018 0930
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